

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/904182	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	1					
2		1	1	1			52	1					
3		1	1				53	1					
4				1			54	1					
5		1		1			55				1		
6				1			56				1		
7	1		1				57				1		
8	1		1				58				7		
9		1		1			59				5		
10		1		1			60				1		
11		3		1			61						
12	1		1				62						
13	1		X	X			63						
14		1		1			64						
15		1		1			65						
16	1		1				66						
17	1		1				67						
18		1		3			68						
19		1		3			69						
20	1			7			70						
21	1		1				71						
22	1		1				72						
23	1			7			73						
24	1		1				74						
25	1		1				75						
26		1		7			76						
27	1		1				77						
28		1		1			78						
29		1		1			79						
30			X	X			80						
31				2			81						
32				2			82						
33				2			83						
34				2			84						
35				2			85						
36				2			86						
37				2			87						
38				5			88						
39				5			89						
40				5			90						
41				6			91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48				5			98						
49				5			99						
50				5			100						
TOTAL IND.			→				TOTAL IND.	16		12			
TOTAL DEP.			→				TOTAL DEP.	39		103			
TOTAL CLAIMS							TOTAL CLAIMS	55		115			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS